## EXHIBIT C

P. C. Parketter and Company					
DISTR	S BANKRUPTCY COURT	PRO	OOF OF CLAIM		
Name of Debtor		Case No	umber		
USA Com	m. Hortzege Co				
NOTE See Reverse for List	of Debtors and Case Numbers			1	
This form should not be used	I to make a claim for an administrative ient of the case A 'request' for paym	expense	Check box if you are aware that anyone else has		
administrative avnense may k	ha filed nurrought to 11 LLC C & ED2		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	Address		statement giving particulars		
Rarson,	Address Dalores Day & Dalores 19 Hells Dr NV 840+7		Check box if you have never received any notices from the bankruptcy court or	DO NOT EILE TH	IS PROOF OF CLAIM FOR A
Set vein	CAAT		BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT
Mesquite,	NV 8905		Check box if this address differs from the address on the	ONE OF THE DEI	eady filed a proof of claim with the
			envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
	( )7023452393		court	THIS SPAC	E IS FOR COURT USE ONLY
	other number by which creditor identif	fies debtor	Check here replace	a previouely	filed claim dated
Placer Vineyards/	Ovent 4034		if this claim amer		med dami dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	☐ Wages	salaries and compensation (	fill out below)	Other claims against service
Services performed	☐ Taxes	Last four	r digits of your SS#	·	(not for loan balances)
Money loaned	Other (describe briefly) Deed	) Unpaid	compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCUR			OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLA See reverse side for important	AIM Check the appropriate box or boxes explanations	s that best descr	nbe your claim and state the amo	unt of the claim at t	ne time case filed
UNSECURED NONPRIORIT			SECURED CLAIM		
Check this box if a) there is	s no collateral or lien securing your claim o operty securing it or if c) none or only part		a right of setoff)  Brief description of		ed by collateral (including
UNSECURED PRIORITY CL	AIM			_	П
-	an unsecured claim all or part of which is		Real Estate L	<del></del>	Other
entitled to priority	•		Value of Collateral		
Amount entitled to priority	<b>3</b>		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the cla	aim ns under 11 U S C § 507(a)(1)(A) or (a)(1)(	(B) [	<u> </u>		
\ <del></del>	ssions (up to \$10 000)* earned within 180	· ·	Up to \$2 225* of deposits toward services for personal family of		
	tcy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units 1	11 U S C § 507(a)(8)
<u></u>	ee benefit plan 11 U.S.C. § 507(a)(5)		Other - Specify applicable para		
Contributions to an employe	se benefit plant 11 0 3 C g 307(a)(3)		* Amounts are subject to adjust with respect to cases comment	stment on 4/1/07 an aced on or after the	d every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLA	AIM \$	\$ 153,7	785 00 \$ 5	<	\$ 153,785 00
AT TIME CASE FILED	(unsecured)	(:	secured)	( priority)	(Total)
Check this box if claim inclu	udes interest or other charges in addition	to the principal	amount of the claim Attach ite	mized statement of	f all interest or additional charges
	f all payments on this claim has been				
7 SUPPORTING DOCUM	MENTS Attach copies of supporting of	documents, su	uch as promissory notes pure	hase orders inve	oices itemized statements of
running accounts contract	ts court judgments mortgages secui uments are not available explain. If t	rity agreement	ts and evidence of perfection	of lien DO NO	T SEND ORIGINAL
l .	Y To receive an acknowledgment of			,	envelone and conv of this
proof of claim	- To to some and a similar some agriculture	or and many or y	your olding officers a stamped	o den addressea	cavelope and copy of this
ACCEPTED) so that it is	pleted proof of claim form must be actually received on or before 5 00 y (including individuals, partnership	pm, prevailir	ng Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)		-	OR OVERNIGHT DELIVERY TO		
BY MAIL TO BMC Group Attn. USACM Claums Dool	katına Contor	BMC Gro	up	- 1	
Attn USACM Claims Doci P O Box 911	Acting Certier		ACM Claims Docketing Cente at Franklin Avenue	P-11 FT	D DEC 13 2006
El Segundo CA 90245-09		El Segun	do CA 90245	<u> </u>	DOFO TO FOR
	SIGN and print the name and title if any this claim (attach copy of power of a		r other person authorized to file		
12/09/06	& Jelnes Tousen 1	77/	· In.		USA CMC
Penalty for presenting fraudulent	claim is a fine of up to \$500 000 or impriso.	nment for up to	5 years or both 1811 S.C. 88:	152 AND 3571	1072501774
	or a mile or up to good blod of militial	minusial and the	- TOURS OF NORTH TO COL OO	UE MINU 30/1	

Doloses LARSON GARY CARSON

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• •		OOF OF CLAIM		,
Name of Debtor	Case Number		l	
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	WHOSE LOAN IS DEBTORS YOU	LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE DO <u>MOT</u> HAVE TO FILE A PROOF S INCLUDES MONEY FROM THAT
LOUGHLIN R 12286 CLIPPER CREEK ROAD NEVADA CITY CA 95959	3	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	DO NOT FILE TH SECURED INTE ONE OF THE DE If you have all Bankruptcy Cour	ILD IN THE COLLECTION ACCOUNT  HIS PROOF OF CLAIM FOR A  REST IN A BORROWER THAT IS NOT  BTORS  ready filed a proof of claim with the  t or BMC you do not need to file again
Creditor Telephone Number (\$\sigma (530) 265-5401		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of CLIENT ID 338/	debtor	Check here replace or if this claim amen	a previousi	y filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (	fill out below)	Other claims against service
Services performed Taxes		r digits of your SS #		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED /2-15-04	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your claim or by the collaboration.		a nght of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description of	_	F=-7
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority		Value of Collateral		SNOWN_
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage at secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase leas	e or rental of property or
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	· –	services for personal family of		
business whichever is earlier 11 U S C § 507(a)(4)	-	Taxes or penalties owed to go  Other Specify applicable pan		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	-	* Amounts are subject to adju	stment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	100	with respect to cases commer	nced on or after the	s date of adjustment \$ 108,011.00
AT TIME CASE FILED (unsecured)	_100,0	secured)	( pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	,	•		` ,
6 CREDITS The amount of all payments on this claim has been creed. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts, court judgments, mortgages security a DOCUMENTS If the documents are not available explain. If the company of the proof of claim.	<i>uments,</i> si agreement documents	uch as promissory notes pure ts and evidence of perfection are voluminous, attach a sui	chase orders in of lien DO NO mmary	voices itemized statements of DT SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	ı, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 Eas	ACM Claims Docketing Cente st Franklin Avenue		FILED NOV 1 3 2000
DATE SIGN and print the name and title if any of the claim (attach copy of power of attorn)	ne creditor o	do, CA 90245 or other person authorized to file		USA CMC
11-09-06 AR.	LANC	ELOUGHLIN		I.

## Case 06-10725-gwz Doc 8442-3 Entered 06/13/11 15:47:49 Page 4 of 12 FORM B10 PROOF OF CLAIM

	Promptom on Negrapa				
UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA				
N COLL	Case Number BK-S-06-10725-LBR Electronically filed on				
Name of Debtor USA Commercial Mortgage Company					
NOTE This form should not be used to make a claim for an administrative	we expense arising after the commencement of $2006$				
the case A request for payment of an administrative expense may be fi Name of Creditor (The person or entity to whom the debtor owes	Check box if you are aware that				
money or property)	anyone else has filed a proof of claim				
Robert Di Bias and Louise G Sherk, Trustees of the Louise G Sherk,	relating to your claim Attach copy of statement giving particulars				
M D Employee Benefit Plan Trust (Direct Lenders)  Name and addresses where notices should be sent	Check box if you have never received				
c/o Robert Di Bias and Louise G Sherk, Trustees	any notices from the bankruptcy				
3830 Ocean Birch Dr Corona del Mar, California 92625-1244	court in this case  Check box if the address differs from				
Corona dei iviai, California 32023-1244	the address on the envelope sent to This Space Is For				
Telephone number (949) 644-7720	you by the court Court Use Only				
Last four digits of account or other number by which creditor identifies debtor	replaces}   Check here if this claim   amends } a previously filed claim, dated				
Client ID 3273 / 3884					
1 Basis for Claim	Detrois hamafita an defined in 11 II S.C. \$1114(a)				
Goods sold Services performed	Retiree benefits as defined in 11 U S C §1114(a) Wages, salaries and compensation (fill out below)				
Money loaned	Last four digits of SS#				
☐ Personal injury/wrongful death ☐ Taxes	Unpaid compensation for services performed from to				
Other	(date) (date)				
2 Date debt was incurred	3 If court judgment, date obtained				
December 10 2004	A decided the second of the se				
4 Classification of Claim Check the appropriate box or boxes that be See reversed side for important explanations	est describe your claim and state the amount of the claim at the time case filed.				
Unsecured Nonpriority Claim \$	Secured Claim				
, , , , , , , , , , , , , , , , , , , ,	Check this box if your claim is secured by collateral (including a				
Check this box if a) there is no collateral or lien securing your claim	n, or right of setoff)				
b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Brief Description of Collateral (Placer Vinevards)					
	Brief Description of Collateral (Placer Vineyards)  Real Estate				
Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of which is					
entitled to priorty					
	Amount of arrearage and other charges at time case filed included in secured				
Amount entitled to priority \$	claim, if any \$				
Specify the priority of the claim	Up to \$2,225* of deposits toward purchase, lease, or rental or				
11 TO C 1 503(A)(1)(A) (A)(1)	property or services for personal, family, or household use - 11 USC § 507(a)(7)				
Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)	Taxes or penalties owned to governmental units - 11 U S C §				
☐ Wages, salaries, or commissions (up to \$10 000) *earned within 180	507(a)(8)				
days before filing of the bankruptcy petition or cessation of the debtor s	Other - Specify applicable paragraph of 11 U S C § 507(a)()				
business, whichever is earlier 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter				
Contribution to an employee benefit plan - 11 U S C § 507(a)(5)	with respect to cases commenced on or after the date of adjustment				
5 Total Amount of Claim at Time Case Filed \$	\$50,753 42 \$\$50,753 42*				
	secured) (secured) (priority) (Total)				
Check this box if claim includes interest or other charges in addition additional charges	to the principal amount of the claim. Attach itemized statement of all interest or				
6 Credits The amount of all payments on this claim has been cre	edited and deducted for the purpose of making  This Space Is For Court Use Only				
this proof of claim Supporting Documents Attach copies of supporting documen.					
invoices, itemized statements of running accounts contracts, con	ourt judgments, mortgages security agreements,				
and evidence of perfection of lien DO NOT SEND ORIGINAL available, explain If the documents are voluminous, attach a su					
8 Date Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-					
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, i to file-time Flagin (attach copy of po	of any of the creditor or other person authorized  USA CMC				
November & 2006 Relief the	Gias Drustle 1072500729				

Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years, or both 18 U S C §§152 and 3571

\* Plus accruing interest, unspecified damages arising from mismanagement of loan, improper assessment of servicing fees and potential misappropriation of funds

	CALIEDS A E Beth				PRO	OF OF CLAIM		
Nan	ne of Debtor			ľ	Case Nu	mber		
U	SA Commercial M	lortgage Co	ompany		06-107	'25-LBR		
This ansii	E See Reverse for List form should not be used ng after the commencem nistrative expense may b	to make a cla	im for an administrative  A "request" for paym			Check box if you are aware that anyone else has filed a proof of claim relating		OWED MONEY BY A BORROWER
Nai	McConstal McConstal TRUS McConstal McConstal (970 FA)	Address JAME JAME KAMJU, KAMJU,	1132124203 SMAUDIENE TRUST OF BUYD NU 8943	718	3.000 3.000 5.581	to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court.	DEBTORS YOU DO OF CLAIM THIS I BORROWER HELI DO NOT FILE THIS SECURED INTERE ONE OF THE DEB If you have alrea Bankruptcy Court of	ady filed a proof of claim with the ir BMC you do not need to file again
Last	Intor Teleph (775) four digits CLIBUT ID	) 831 ====================================			ebtor	Check here repla	ces	is FOR COURT USE ONLY
		9000	17C1 10 6	10		ii triis claiiit 🔲 amer	ıds	
E	ASIS FOR CLAIM Goods sold Services performed Money loaned JACACH T	Taxes Other (de	I injury/wrongful death escribe briefly)	山 口 <i>南</i> こ	Wages Last four	penefits as defined in 11 U S salaries, and compensation ( digits of your SS # compensation for services per FIDMENTEY DUT	fill out below) rformed from	Unremitted principal Other claims against service (not for loan balances)  toto(date)
2 D	ATE DEBT WAS INCUR					OURT JUDGMENT, DATE Ó		
			ne appropriate box or boxe	s that	best descr	ibe your claim and state the amo	unt of the claim at th	e time case filed
1	se reverse side for important SECURED NONPRIORI Check this box if a) there is exceeds the value of the prentitled to priority	TY CLAIM \$	r lien securing your claim it or if c) none or only part	or b) t of yo	your claim our claim is	SECURED CLAIM Check this box if you a right of setoff) Brief description of		ed by collateral (including
UNS	ECURED PRIORITY CL					Real Estate	Motor Vehicle	Other
	Check this box if you have entitled to priority	an unsecured of	laim all or part of which is			Value of Collateral		
	Amount entitled to priority	\$				Amount of arrearage a secured claim, if any		at time case filed included in
	Specify the priority of the c Domestic support obligatio		C 8 507(a)(1)(A) or (a)(1)	/R)	_			
	Wages salaries or commit before filing of the bankrup business whichever is ear Contributions to an employ	issions (up to \$1 otcy petition or ce tier - 11 U S C	0 000)* earned within 180 essation of the debtor's § 507(a)(4)			Up to \$2 225* of deposits tow services for personal family of Taxes or penalties owed to go Other - Specify applicable par * Amounts are subject to adju	or household use -11 overnmental units 1 ragraph of 11 U S C istment on 4/1/07 and	USC § 507(a)(7) 1 USC § 507(a)(8) § 507(a) () d every 3 years thereafter
5 1	OTAL AMOUNT OF CL	AIM \$		\$	1111	with respect to cases comme	nced on or atter the o	A
	AT TIME CASE FILED	Maderia	(unsecured)		`	secured)	( pnonty)	(Total)
						/_Se	E BACK	all interest or additional charges
7 \$	SUPPORTING DOCUI running accounts contra DOCUMENTS If the do	MENTS Attacts, court judge cuments are n	ch copies of supporting ments mortgages, sect ot available explain If	docu unty a the d	<i>iments,</i> si agreemen locuments	deducted for the purpose of r uch as promissory notes pur ts, and evidence of perfection are voluminous attach a su your claim enclose a stampe	chase orders, invo n of lien DO NOT immary	orces itemized statements of F SEND ORIGINAL
	proof of claim	1 101000	an actionsugnish	ws (J.)	- milg OI ;	your claim choices a stampe	_ Jon wear booth	arranda and and acting
	ACCEPTED) so that it is	s actually rec ty (including i cketing Center	eived on or before 5 0 ndividuals, partnersh	ma 0	BY HAND BMC Gro Attn US	or hand delivered (FAXES I ing Pacific time, on Nevemb ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO bup ACM Claims Docketing Center of the Packet of the Packet	or 12, 2000 nd //15/07	THIS SPACE FOR COURT USE ONLY
DA	TE /					or other person authorized to file		
1	2/05/2004	Ing.clar	n (attach copy of power of	atton	ney Ir any)	musiene 7 M	e Connell	USA CMC 1072501613

Case 06-10725-gwz Doc 8442-3 Entered 06/13/11 15:47:49 Pa	age 6 of 12
UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA	
Name of Debtor  What Councilla My Co: Case Number  5-06-1072)	
C/O J RICHARD & KAREN L MCMICHAEL TTEES  13840 18TH AVE SW  BURIEN WA 98166-1049  Check box if this address on the envelope sent to you by the	HIS PROOF OF CLAIM FOR A EREST IN A BORROWER THAT IS NOT EBTORS Iready filed a proof of claim with the rt or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	
s or a previous or amends	ıy filed claım dated
And the services performed    And the services performed   Describe binefly	Unremitted principal Other claims against service (not for loan balances) to
2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at	the time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$  SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to proof to	ured by collateral (including
UNSECURED PRIORITY CLAIM	. <b>П</b> от
Check this box if you have an unsecured claim all or part of which is entitled to priority  Check this box if you have an unsecured claim all or part of which is Value of Collateral  Value of Collateral	le U Other
Amount entitled to priority \$ Amount of arrearage and other charges secured claim if any \$ 5 - 1 +	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Up to \$2 225* of deposits toward purchase leas	se or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	
Contributions to an employee benefit plan. 11 U.S.C. & 507(a)(5)	C § 507(a) ()
with respect to cases commenced on or after the	and every 3 years thereafter e date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$54 416 \$ AT TIME CASE FILED (unsecured) (secured)	\$ 52,410
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders invitating accounts contracts court judgments mortgages security agreements, and evidence of perfection of lien DO NO DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary	voices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed proof of claim	d envelope and copy of this
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group  BMC Group  BMC Group	ED OCT 0 5 2006
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245	
DATE  SIGN and print the name and title if any of the creditor or other person authorized to file this elawn (attach copy of power of attorney of any).	USA CMC 1111   11   11   11   11   11   11   1

UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada PROOF OF CLAIM
TEACER VINEVARDS	Case Number PROOF OF CLAIM
NOTH This form should not be used to make a claim for an administrative expense ma	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone else has filed a proof of claim relating to
MEQUESTY FAMILY TRUST	your claim Attach copy of statement
1134 301 /	giving particulars.
Name and address where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this
1 9 10 SINGING RPOOK CODE	case
MITTA RUSA CA 95409-6483	Check box if the address differs from the address on the envelope sent to you by  This Space is for Court Usi Only
Telephone number 707-937-1318	the court.
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim amends a previously filed claim dated
1 Basis for Claim	Retiree benefits as defined in 11 U S C. § 1114(a)
Goods sold	Wages salaries, and compensation (fill out below)
Services performed	Last four digits of your SS # Unpaid compensation for services performed
Money loaned Personal injury/wrongful death	fromto
Taxes	(date) (date)
Other —	3. If court indement, date obtained
2 Date debt was incurred 12/15/04	3. If court judgment, date obtained
4 Classification of Claim Check the appropriate box or boxes th	nat best describe your claim and state the amount of the claim at the time case file
See reverse side for important explanations	Secured Claim
Unsecured Nonpriority Claim \$	Check this box if your claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	r claim, or a right of setoff)
only part of your claim is entitled to priority	Die Book paon of Contactal
Unsecured Priority Claim	Real Estate Motor Vehicle Other———
Check this box if you have an unsecured claim all or part of we entitled to priority	£
Amount entitled to priority \$ \( \begin{align*} \be	Amount of arrearage and other charges at time case filed included in secured claim if any \$
Specify the priority of the claim	Up to \$2,225* of deposits toward purchase, lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) o	or common for personal family on beauthold and 13 H C C
Wages salaries, or commissions (up to \$10 000),* earned within	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debi- business whichever is earlier - 11 U.S.C. § 507(a)(4)	or's U Other - Specify applicable paragraph of 11 USC § 50/(a)()
	The state of the s
Contributions to an employee benefit plan - 11 U S C. § 507(a	(5) with respect to cases commenced on or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed:	(unsecured) (secured) (priority) (Total)
Check this box if claim includes interest or other charges in additional charges.	dition to the principal amount of the claim. Attach itemized statement of all
6. Credits. The amount of all payments on this claim has been	credited and deducted for the purpose of This SPACE IS FOR COURT US ONLY
making this proof of claim.  7 Supporting Documents Attach comes of supporting documents.	
7 Supporting Documents Attach copies of supporting documents orders, invoices itemized statements of running accounts, contra	ents such as promissory notes, purchase
agreements and evidence of perfection of lien DO NOT SEN	ID ORIGINAL DOCUMENTS If the
documents are not available, explain If the documents are volui	minous, attach a summary
8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	
Date Sign and print the name and title, if any, of t	the creditor or other person authorized to FILED JAN 1 2 2007
file this claim (attach copy of power of attor	mey, if any)
William L. MEGIN	erry, Thuslie USA CMC
senalty for presenting fraudulent claim. Fine of up to \$500 000 or	imprisonment for up to 5 years or both 18 USC 1072502243

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UNITED STATES BANKRUPTEY COURT DISTRICT OF NEVADA	PRO	OF OF CLA	M		
Name of Debtor	Case Number				
USA Commercial Mortgage Company	06-107	25-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  MOORE JAMES 2009 WILLOW TREE CT THOUSAND OAKS CA 91362	an	Check box if you ar aware that anyone else filed a proof of claim relate to your claim. Attach co statement giving particu.  Check box if you ha never received any notion the bankruptcy cou. BMC Group in this case.  Check box if this ac differs from the address.	has ating py of lars we es es int or	WHOSE LOAN IS DEBTORS YOU E OF CLAIM THIS BORROWER HEL DO NOT FILE THI SECURED INTER ONE OF THE DEI If you have alre	eady filed a proof of claim with the
Creditor Telephone Number (805) 492 - 0770		envelope sent to you by court	the		or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	btor		replac		LIOTOR GOOK! GOL OIL!
5345 er 5610	$_{\circ}$	Check here If this claim	or	a previously	filed claim dated
		enefits as defined in 1			Unremitted principal
Goods sold Personal injury/wrongful death		alanes and compens		-	Other claims against servicer
		digits of your SS#			(not for loan balances)
Money loaned Unother (describe briefly)	Unpaid co	ompensation for servi	ces pei	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED \$2 /15/04	3 IF CC	OURT JUDGMENT, D	ATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that b					he time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$		SECURED CLA	М		
Check this box if a) there is no collateral or lien securing your claim or b) yo		الكيا	-	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	r claım ıs	a right of set Brief descrip	•	collateral	
UNSECURED PRIORITY CLAIM	, , , , , , , , , , , , , , , , , , ,		-	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Col		\$	
Amount entitled to priority \$				nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if	any :	\$ 50,0	000 plus interest
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)					or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	П	services for personal f	•		* ****
business whichever is earlier - 11 U S C § 507(a)(4)	ă	Other Specify applica	_		•
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject with respect to cases of			nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ 5	50,00		ommon	oca on or anor mo	\$ 50,000 =+
AT TIME CASE FILED (unsecured)		ecured)		( priority)	(Total) (nteres
Check this box if claim includes interest or other charges in addition to the	principal a	amount of the claim At	tach ite	mized statement o	f all interest or additional charges
CREDITS The amount of all payments on this claim has been credit     SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts, court judgments mortgages, security age DOCUMENTS If the documents are not available, explain. If the documents are not available, explain. If the documents are not available, explain. If the documents of claim.	<u>nents,</u> su preements cuments	ch as promissory note and evidence of per are voluminous, attac	es puro fection h a sur	chase orders inv of lien DO NO mmary	orces itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be sent to ACCEPTED) so that it is actually received on or before 5 00 pm,					THIS SPACE FOR COURT
for each person or entity (including individuals, partnerships, co					USE ONLY
governmental units) BY MAIL TO B		OR OVERNIGHT DELIV	ERY TO	)	
	3MC Grou Attn USA	ip CM Claims Docketing	Cente	r FIII	ED OCT 2 5 2006
P O Box 911 1	330 East	Franklin Avenue o CA 90245		6 1g	OOI & @ 2000
DATE SIGN and print the name and title if any of the	creditor or		to file		USA CMC
this claim (attach copy of power of attorne					
1 1/2/100 1 9TM /Word					1072500750

Case 06-10725-gwz <u>Doc 8442-3</u>	Entered 06/13/11 15:4	47:49 Page 9 of 12				
UNITED STATES BANKRUPTCY GOURT DISTRICT GF NEVADA	ROOF OF CLAIM  Number					
Traine of Bobies						
USA Commercial Mortgage Company 06-	10725-LBR					
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address  REICH ORBAN POBOX 1844 RENO NV 89505	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the	IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again				
Creditor Telephone Number ( ) 775 - 853 - 4563	envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor	Check have repla					
CREDITOR # 987	Check here	a previously filed claim dated				
	ee benefits as defined in 11 U S					
Goods sold Personal injury/wrongful death Wag	es salaries and compensation (	(fill out below)				
	four digits of your SS #	(not for loan balances)				
Money loaned Other (describe briefly) Unp	aid compensation for services pe	erformed from 12/15/04 to CUPRENT (date) (date)				
2 DATE DEBT WAS INCURRED 12-15-OH TO CURRENT 3	F COURT JUDGMENT, DATE O					
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best of See reverse side for important explanations						
UNSECURED NONPRIORITY CLAIM \$ 50,000.00 + NT	SECURED CLAIM					
Check this box if a) there is no collateral or lien securing your claim or b) your cl	aim 🗀	our claim is secured by collateral (including				
exceeds the value of the property securing it or if c) none or only part of your clair entitled to priority	Brief description of	f collateral				
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is	UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is  Real Estate Motor Vehicle Other					
entitled to priority	Value of Collateral	\$				
Amount entitled to priority \$		nd other charges at time case filed included in				
Specify the priority of the claim	secured claim, if any					
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days		ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7)				
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	<b>=</b>	overnmental units - 11 U S C § 507(a)(8)				
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		ragraph of 11 U S C § 507(a) ()				
		stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment				
5 TOTAL AMOUNT OF CLAIM \$ 000 00 \$	\$	\$ 50,000,00 +12				
(unsecured)  Check this box if claim includes interest or other charges in addition to the principle.	(secured) apal amount of the claim Attach ite	(Total) emized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been credited a 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts, contracts, court judgments, mortgages, security agreer DOCUMENTS If the documents are not available explain. If the documents  8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim	s, such as promissory notes pur nents and evidence of perfection ents are voluminous, attach a su	chase orders invoices itemized statements of n of lien DO NOT SEND ORIGINAL mmary				
The original of this completed proof of claim form must be sent by m ACCEPTED) so that it is actually received on or before 5 00 pm, prev for each person or entity (including individuals, partnerships, corpor	ailing Pacific time, on Novemb	er 13, 2006 USE ONLY				
	AND OR OVERNIGHT DELIVERY TO	DER 9 7 2006				
Attn USACM Claims Docketing Center Attn	Group USACM Claims Docketing Cente	FILED DEC 0 7 2006				
1	East Franklin Avenue gundo CA 90245					
DATE SIGN and print the name and title if any of the cred	tor or other person authorized to file	1104 0140				
12/06/06 Chean H Rec	ch, Trustee	USA CMC				

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	TRICT (	OF_	Vevada	0000000000000000
Name of Debtor	Case	Number			PROOF OF CLAIM
USA COMMERCIAL MORTGAGE COMPANY 06-10725-LBR					
NOTE. This form should not be used to make a claim for an administrative expense may be a dministrative expense and the dministrative expense					
		•			
Name of Creditor (The person or other entity to whom the dubtor owes money or property) JENNEFER LOLE	clse	has filed	a pn	are aware that anyone oof of claim relating to	
PEELE TRUSTEE OF THE PEELE BYPASS TRUST PATED 2/10/87		r claim / ng partict		h copy of statement	
				have never received an	
Name and address where notices should be sent.  JENNEFER C PEELE  2581 RAMPART TERRACE	noti		ine i	pankruptcy court in thi	s
PENO NV 89519				iddress differs from the velope sent to you by	ı
Telephone number 775 827 5985	the	court.			THIS SPACE IS 1408 COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck nere is claim	H.	eptaces amends a previously i	iled claim dated. 12/10/06
1 Rasis for Claim		Re	etire	e benefits as defined a	n 11 USC § 1114(a)
Goods sold Services performed				salaries, and comper our digits of your SS i	nsation (fill out below)
Money loaned				d compensation for se	
Personal injury/wrongful death		fre	om _	(date)	to(date)
Other SEE EXHIBIT A					` '
2. Date debt was incurred. DECEMBER 200	4 3.	If cour	rt ju	dgment, date obtain	ed
4. Classification of Claim. Check the appropriate box or boxes th	at best des	enbe you	r cla	im and state the amou	nt of the claim at the time case filed
See reverse side for important explanations. Unsecured Nonpriority Claim \$50,746,57		Secur	ed (	Claim	
Check this how if a) there is no colleteral or lien securing you	r claim, or	a right	Chec	k this box if your clain	n is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or			Description of Collate	armi.
Unsecured Priority Claim		ĺ	-	eal Estate Moto	r Vehicle Other
Check this box if you have an unsecured claim all or part of w	hich is	,	Value	of Collateral SU	NKHOWN
entitled to priority		Amou	nt of	arrearage and other cham, if any \$ 146	arges at time case filed included in
Amount entitled to priority \$	-				
Specify the priority of the claim.	Ц	OF SETVICE	es fo		urchase, lease, or rental of property household use - 11 USC
Domestic support obligations under 11 USC § 507(a)(1)(A) o (a)(1)(B)		§ 507(a)			
Wages, salaries, or commissions (up to \$10,000),* earned within	180		-	•	hental units - 11 USC § 507(a)(8) h of 11 USC § 507(a)()
Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U S C. § 507(a)(4)	л <b>∍ I</b>	ounts ar	e sub	ject to adjustment on	1/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a	)(5)	with resp	ect i	o cases commenced or	or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed.	S.	50,746		/50,746,52 / (secured)	(priority) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges.	lition to the			ount of the claim Att	ach itemized statement of all
6. Credits The amount of all payments on this claim has been	credited a	nd deduc	ted f	or the purpose of	THIS SINCE IS FOR COURT USE ONLY
making this proof of claim  7 Supporting Documents: Attach copies of supporting docume	mar and				
orders invoices itemized statements of running accounts, contra	cts, court j	udgment	s, m	ortgages, security	
agreements, and evidence of perfection of lien DO NOT SEN	D ORIGIN	AL DO	CUM	ENTE LENA	ED JAN 1 2 2007
documents are not available, explain. If the documents are volur  8. Date-Staraped Copy To receive an acknowledgment of the fil					TO JULIA I PO COOL
addressed envelope and copy of this proof of claim.	addressed envelope and copy of this proof of claim.				
Date Sign and print the name and title, if any, of it file this claim (attach copy of power of attor	ney, if any	)	-		
01/10/01 Jennefer C Peel	e, Ti	ust	ter	_	USA CMC
( 0	•				

	PROOF OF CLAIM		YOUR CL	MINIMUM IN AN IN
Name of Debtor	Çase Number		Schedule/Claim (D	s91297
USA Commercial Mortgage Company	06-107	25-LBR	Amount/Classifice \$1,087 60 Unsecu	•
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensarising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor and Address.  113212400029 EDWIN L PEREZ. 806 N HUDSON AVE LOS ANGELES. CA. 90038-3610		Check box if you are externed that anyons else has filled a proof of claim retating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address on the envelope sent to you by the court.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim you agree with the amounts set forth herein, and have other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Conting Unliquidated or Disputed, a proof of claim must be filled.  If you have already filled a proof of claim with the Bankrupkoy Court or BMC, you do not need to file age.	
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies	dehtor			E IS FOR COURT USE ONLY
6194	QUIO	Check here replain or if this claim amer	The tables of	filed claim dated
1 BABIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (	(fill out below)	Other claims against service (not for loan balancee)
Money loaned		ompensation for services pe	rformed from	to
A CONTRACT WAS EVOLUTION AS A STATE OF				(date) (date)
2 DATE DEBY WAS INCURRED 12/10/02. 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		DURT JUDGMENT, DATE C		time case fled
See reverse side for important explanations.	Dest Water	SECURED CLAIM	iii di day yigari at tiib	BILLA CHINA HACE
UNSECURED NONPRIORITY CLAIM \$ 50,000  Check this box if a) there is no collateral or ken securing your claim, or b) you exceed the value of the property securing it, or if o) none or only part of you entitled to priority  UNSECURED PRIORITY CLAIM	our claim ir claim is			ed by collateral (including
Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage at secured claim, if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225° of deposits towa	rd purchase, lease,	or rental of property of
Wages, salaries, or commissions (up to \$10 000)*, earned within 190 days before filling of the bankruptcy petition or causation of the debtor's	-	services for personal, family, or	rhousehold use 11	USC § 507(á)(7)
business, whichever is earlier - 11 U.S.C. \$ 507(a)(4)	님	Taxes or penalties owed to gov Other Specify applicable para		=
Contributions to an employee benefit plan 11 USC § 507(a)(5)		" Amounts are subject to adjus	tment on 4/1/07 and	every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 50,000 \$		with respect to cases commen	card on or eiter the d	
5 TOTAL AMOUNT OF CLAIM \$ 50.000 \$		\$	( pnority)	\$ <u>50,000</u> (Total)
Check this box if claim includes interest or other charges in addition to the	•			• •
6 CREDITS. The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS. Attach copies of supporting documenting accounts, contracts, court judgments, mortgages, security.  DOCUMENTS if the documents are not available, explain. If the	<u>uments,</u> su agreement documents	ch as promissory notes, pure s, and evidence of perfection are voluminous, attach a su	chase orders, involved of lien DO NO immary	DICES, Itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim	e filing of y	our claim, enciose a stampe	d, self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5.00 pm for each person or entity (including individuals, partnerships, opportunity).  BY MALTO.	n, prevailin corporatio BY HAND (	ig Pacific time, on Novemb na, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	per 13, 2005 end	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center	Attn USA	ıp CM Claims Docketing Centa	,	
P O Box 911 El Segundo, CA 90245-0911	1330 East	Franklin Avenue lo, CA 90245		4 4 9887
DATE SIGN and wint to marph and the it any, of the			FILED	JAN 16 2007
1/11/07				USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5 y	rears, or both 18 U.S.C. §§ 15	2 AND 3571	1072502398

UNITED STATES FARKETUREDY COURT PROOF OF CLAIM Case Number Name of Debtor **USA Commercial Mortgage Company** 06-10725-LBR GLACIER -VINEYARDS NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has ansing after the commencement of the case. A "request" for payment of an IF YOU ARE ONLY OWED MONEY BY A BORROWER filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 WHOSE LOAN IS BEING SERVICED BY THE to your claim Attach copy of DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF Name of Creditor and Address statement giving particulars OF CLAIM THIS INCLUDES MONEY FROM THAT 11321242038026 BORROWER HELD IN THE COLLECTION ACCOUNT Check box if you have POLACHECK STEPHEN never received any notices 4719 COMMONS WAY STE E from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A CALABASAS CA 91302 BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT MELKS JEWENBUR ENT ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number ( 🗸 🏋 ast four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Spremitted principal Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages salaries and compensation (fill out below) Services performed Taxes Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) (date) 3 IF COURT JUDGMENT, DATE OBTAINED 2 DATE DEBT WAS INCURRED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief\_description of collateral UNSECURED PRIORITY CLAIM L\_ Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral S Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ 110000000 Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 USC § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (\_\_\_\_) Contributions to an employee benefit plan 11 U S C § 507(a)(5) \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 100 000 AT TIME CASE FILED (secured) (unsecured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group FILED OCT 19 2006 Attp-USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 SIGN and print the name and title, theny of the creditor or other person authorized to file this claus (attach copy of power of attorney if any) DATE USA CMC